

**MICHIGAN MECHANIC
CERTIFICATION RENEWAL**

TO AVOID DELAY IN RECEIVING YOUR NEW MECHANIC CERTIFICATE,
PLEASE RETURN THIS RENEWAL IMMEDIATELY. CHANGE OF ADDRESS
MUST BE INDICATED IN BOX 7 BELOW.

DEPARTMENT USE ONLY

APPROVED BY

DATE

		1. DRIVER LICENSE OR ID NUMBER	2. SOCIAL SECURITY NUMBER
3. CERTIFICATION NUMBER	4. COUNTY	5. BIRTH DATE	6. EXPIRATION DATE

7.

DEAR MECHANIC:

YOUR MICHIGAN MECHANIC CERTIFICATION WILL EXPIRE ON THE DATE SHOWN IN BOX 6. TO RENEW YOUR CERTIFICATION, PLEASE CHECK THE INFORMATION IN BOXES 2 THROUGH 7 FOR ANY ERRORS. FILL IN ANY MISSING INFORMATION OR DRAW A LINE THROUGH ANY ERROR AND PRINT IN THE CORRECT INFORMATION. BEFORE RETURNING THIS FORM, COMPLETE ITEMS 1 AND 8 THROUGH 11.

IF YOU ALLOW YOUR CERTIFICATION TO EXPIRE: You may no longer work as a certified mechanic, and you will be charged a late renewal fee which is one and one half (1 ½) times the regular renewal fee.

8. CERTIFICATION FEE (CHECK THE APPROPRIATE BOX):

☐ **Regular Renewal Fee - \$20.00** (You must pay a late fee if this renewal form will be submitted after the expiration date shown in Box 6.)

☐ **Late Renewal Fee - \$30.00** (This amount is due after the expiration date shown in Box 6.)

IF YOUR CERTIFICATION HAS BEEN EXPIRED MORE THAN 12 MONTHS, CALL (517) 373-9460 FOR INSTRUCTIONS.

9. Give business name and address of current employer (if unemployed, give business name and address of most recent employer):

10. CONVICTIONS – If you have been convicted of an auto-related crime, other than a traffic violation, in Michigan or any other state within the past 12 months, give complete details below. Attach additional sheet, if necessary.

Details: _____

Date of Conviction(s): _____

Court of Record: _____ City and State: _____

11. CERTIFICATION AND SIGNATURE. I certify to the truth and accuracy of all statements and representations made in this application, including all statements attached hereto, and further agree that any legal process affecting me served on the Secretary of State or his/her deputies shall have the same effect as if it were personally served on me, and hereby authorize the release of all criminal history information on file at the Michigan State Police Central Records Division that pertains to me. **I further certify that I have NOT been convicted of an auto-related crime, other than a traffic violation, within the last 12 months unless indicated above.**

Signature_____
Date

Any misleading, incomplete, or false statement, or failure to notify the Department of State of material changes, may be grounds for revocation, suspension, or denial of certification as a Michigan motor vehicle mechanic.

Make check or money order payable to: STATE OF MICHIGAN. DO NOT SEND CASH. Change of address must be indicated in Box 7 above.

RETURN TO: **Michigan Department of State
Licensing Section
Lansing, Michigan 48918-1210**

REMINDER: If you perform motor vehicle repairs part-time or evenings at any place other than a registered repair facility, you must obtain a repair facility registration if you intend to be paid for the work you perform.

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